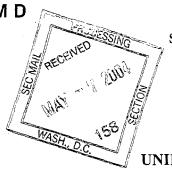
FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

/3	8	9	818
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OMB APPROVAL

OMB Number: Expires: 3235-0076 May 31, 2005

Estimated average burden hours per response . . .

SEC USE ONLY									
Prefix		Serial							
DAT	E RECEIV	ED							

Name of Offering (check if this is an amendment and name has changed, and indi	cate change.)
Preferred Brands International, LLC - Offering of Series A Preferred Unit	ts
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	□ Section 4(6) □ ULOE PROCESSED
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DAT	A MAY 1 1 2004
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indica	te change.)
Preferred Brands International, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 595 Summer Street, Suite 3, Stamford, Connecticut 06901	Telephone Number (Including Area Code) 203-348-0030
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	
(if different from Executive Offices) Same as above.	Same as above.
Brief Description of Business	1881 1881 1810 1810 1810 1810 1810 1810
Investment	
·	04028342
Type of Business Organization	U7U2U375
☐ corporation ☐ limited partnership, already formed	☑ other (please specify):
☐ business trust ☐ limited partnership, to be formed	Limited Liability Company
Month Year 0 2 9 8	
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab	braviation for States
CN for Canada; FN for other foreign ju	
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption us	nder Regulation D or Section 4(6), 17 CFR 230.501
et seq. or 15 U.S.C. 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of security	
the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is rec	
if received at that address after the date on which it is due, on the date it was mailed by Unite	_
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washin	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which signed must be photocopies of the manually signed copy or bear typed or printed signature	

State:

A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each general and man	naging partner o	f partnership issuers.			
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or Managing Partner
Full Name (Last name first,	if individual)				
ASG Omni, LLC					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
595 Summer Street, Suit	te 3, Stamford	, Connecticut 0690	1		
Check Box(es) that Apply	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director -	General and/or Managing Partner
Full Name (Last name first, Vasudevan, Ashok	if individual)				
Business of Residence Addr	ess (Number an	d Street, City, State, Zip			
595 Summer Street, Suit	te 3, Stamford	, Connecticut 0690			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Kasturirangan, Venkates	sh		·		
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)		
595 Summer Street, Suit	te 3, Stamford	, Connecticut 0690	1		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	⊠ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first; Kilachand, Kartik	if individual)				
Business or Residence Addre		대통령의 경험을 받으셨습니다. 모든 시민국동			
595 Summer Street, Suit					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Vasudevan, Meera					
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)		
595 Summer Street, Suit		and the second of the second York to			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Nigam, Ravi					
Business or Residence Address Summer Street, Suit		가게 되는 이 이 살아 가게 되었다.			
Check Box(es) that Apply:		☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Shikari, Sohel	,				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
595 Summer Street, Suit	e 3. Stamford	. Connecticut 06901	1		

			A. BASIC IDENT	FICATION DATA		
2. E	nter the information re	equested for the f				· ·
•	Each promoter of th	e issuer, if the is	suer has been organized	within the past five yea	rs;	
•	Each beneficial own securities of the issu	•	wer to vote or dispose, o	r direct the vote or dispo	osition of, 10%	or more of a class of equity
•	Each executive office	er and director of	corporate issuers and of	corporate general and ma	anaging partners	of partnership issuers; and
•	Each general and ma	anaging partner o	of partnership issuers.			
Chec	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full 1	Name (Last name first,	, if individual)				
Tapa	ria, Hans		· 			
Busir	ness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
595	Summer Street, Su	ite 3, Stamford	d, Connecticut 0690	1		
Chec	k Box(es) that Apply:	□ Promoter	□ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full 1	Name (Last name first,	if individual)				
Busir	ness or Residence Add	ress (Number an	d Street, City, State, Zip	(Code)		
Chec	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	Name (Last name first,	if individual)		1		
Busin	ness or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Checl	k Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full 1	Name (Last name first,	if individual)				
Busin	ess or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Checl	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	Name (Last name first,	if individual)				
Busin	less or Residence Add	ress (Number and	d Street, City, State, Zip	Code)		`
Checl	k Box(es) that Apply:	☐ Promoter	. 🛘 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	lame (Last name first;	if individual)				
Busin	ess or Residence Addi	ress (Number and	d Street, City, State, Zip	Code)		
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	Vame (Last name first,	if individual)				
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AN POST	法,不是协议		TO THE	B. INI	ORMAT	ION ABO	UT OF	FERING		- 3 ³				
1 Ung ti	na isawar sa	ld or doo	c the iccus	r intend to	sell to n	on accredi	tad invar	tors in this	offering	7				Yes No □ ⊠
i. Has u	ile issuei so	iu, oi uoe						ing under U					•••••	
2 What	ic the mini	mum inue			• •	•	•	?						\$ 62.500
														Yes No
3. Does	the offering	g permit jo	oint owner	ship of a s	ingle unit	?			•••••	• • • • • •		• • • • • • • • • • • • • • • • • • • •		
sion o to be l list the	r similar rei listed is an	muneration associated ne broker	n for solicit person or or dealer.	tation of pro agent of a If more th	archasers in broker of an five (5	n connection r dealer re persons t	on with sigistered violetics	or given, dire ales of secur with the SE ed are assoc	rities in t C and/or	he o wit	ffering h a sta	J. If a pate or	erson states,	l :
Full Name	(Last name	first, if ir	ndividual)	• .										
Bentley S					-			·						
Business or	r Residence	Address	(Number a	and Street,	City, Sta	te, Zip Coo	ie)							
101 Park				York, Nev	w York 1	10178								
Name of A	ssociated B	roker or I	Dealer											
John B. Ph								· · · · · · · · · · · · · · · · · · ·						
States in W														☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]				HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	X [MA]	[MI]		[MN]	_	1S]	[MO]
[MII]	[NE]	[NV]	[NH]	[NJ]	X [NM]	[NY] X	X [NC]	[ND]	[OH]	X	[OK]	[0)R]	[PA] X
[RI]	[SC]	[SD]	[TN]	[TX]	X [UT]	[VT]	[VA]	[WA]	[WV]		[WI]	[V	VY]	[PR]
Full Name	(Last name	first, if in	ndividual)											
			·											
Business or	r Residence	Address	(Number a	and Street,	City, Star	te, Zip Cod	le)							
Name of A	ssociated B	roker or I	Dealer											
States in W (Check ".														☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]		[GA]	[]	II]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		[MN]	[N	1S]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]		[OK]	[C	R]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]		[WI]	Ŋ	/ Y]	[PR]
Full Name	(Last name	first, if in	idividual)											
Business or	Residence	Address	(Number a	nd Street.	City, Stat	te. Zip Cod	 le)							
				,	, , ,		,							
Name of As	ssociated B	roker or I	Dealer											
States in W	hich Person All States"							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·	-		☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]		[GA]	[H		[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		[MN]	_	[S]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]		[OK]	_	R]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]		[WI]	[/V	Y]	[PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price	e	Sold
	Debt	\$ 0		\$0
	Equity	\$0		\$0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0		\$0
	Partnership Interests	\$0		\$0
	Other (Specify Series A Preferred Units)	\$3,000,000	_	\$1,012,500
	Total	\$3,000,000	-	\$1,012,500
	Answer also in Appendix, Column 3, if filing under ULOE.	•		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		_	\$
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			7. II.
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504		_	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	**********		\$0
	Printing and Engraving Costs		\boxtimes	\$ 500
	Legal Fees	******	\boxtimes	\$ 40,000
	Accounting Fees	**********		\$0
	Engineering Fees			\$0
	Sales Commissions (specify finders' fees separately) up to 7% of gross cash proceeds		⊠	\$ 210,000
	Other Expenses (identify) Mailing costs\supplies\filing fees		— ⊠	\$ _1,835
	Total		⊠	\$252,335

34	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEE	DS
	b. Enter the difference between the aggregate offering price given in response to Part C –Q tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer."	the	\$2,747,665
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must enthe adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 the payments and 10 the payments listed must be adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 the payments are proposed to the issuer set forth in response to Part C - Question 4.b about 10 the payments are proposed to the issuer set forth in response to Part C - Question 4.b about 10 the payments are proposed to the	h an qual	
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	⊠\$0	⊠ \$0
	Purchase of real estate	⊠ \$0	⊠ \$0
	Purchase, rental or leasing and installation of machinery and equipment	⊠\$0	⊠\$0
	Construction or leasing of plant buildings and facilities	⊠ \$0	⊠ \$0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	⊠ \$0	⊠\$ <u>0</u>
•	Repayment of indebtedness	⊠ \$0	⊠\$ <u>0</u>
	Working capital	⊠\$ <u>0</u>	⊠ \$2,747,665
	Other (specify):	⊠ \$0	⊠\$ <u>0</u>
			•
		⊠\$	⊠\$
	Column Totals	⊠ \$0	⊠\$ <u>0</u>
	Total Payments Listed (column totals added)	⊠ \$2,74	47,665
J. j	D. FEDERAL SIGNATURE		
foll	r issuer has duly caused this notice to be signed by the undersigned duly authorized person. It is signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and its staff, the information furnished by the issuer to any non-accredited investor pursuant	Exchange Commissi	on, upon written re-
Pre	ner (Print or Type) ferred Brands International, LLC ASG Omni, LLC, its Managing Member Signature	Date	121/03
	ne of Signer (Print or Type) Title of Signer (Print or Type)	·	· · · · · · · · · · · · · · · · · · ·
<u>Ash</u>	ok Vasudevan Chief Executive Officer		,

ATTENTION-

8,326,353	And the state of t	AND THE REAL PROPERTY OF THE P	an internal action of the annual region of the contract of the	472300 NAMES ASSESSED TO
1.	Is any party described in 17 CFR 230.262 presof such rule?		rovisions Y	'es No □ ⊠
	See Ap	pendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to fu Form D (17 CFR 239.500) at such times as req		n which this notice is filed, a	notice on
3.	The undersigned issuer hereby undertakes to fur issuer to offerees.	rnish to the state administrators, upon writter	n request, information furnish	ed by the
4.	The undersigned issuer represents that the issue Limited Offering Exemption (ULOE) of the stat of this exemption has the burden of establishing	e in which this notice is filed and understands		
	issuer has read this notification and knows the cersigned duly authorized person.	ontents to be true and has duly caused this n	otice to be signed on its beha	lf by the
Pref	er (Print or Type) ferred Brands International, LLC ASG Omni, LLC, its Managing Member	Signature Washed	Date [1 2]	٥3
Nan	ne (Print or Type)	Title (Print or Type)		

Chief Executive Officer

Instruction:

Ashok Vasudevan

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3			4			5
	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		X	Series A Preferred		<u> </u>				X
AR									
CA		Х	Series A Preferred				· · · · · · · · · · · · · · · · · · ·		X
co									
CT		Х	Series A Preferred						X
DE									
DC				,				<u></u>	
FL		X	Series A Preferred		<u> </u>				X
GA							<u> </u>		
HI		<u> </u>							
ID									
IL		X	Series A Preferred	2	\$700,000				<u>X</u>
IN									
IA									
KS							· · · · · · · · · · · · · · · · · · ·		
KY		X	Series A Preferred						· X
LA									
ME		<u> </u>							
MD		X	Series A Preferred		<u> </u>				X
MA		X	Series A Preferred						X
MI		X	Series A Preferred						X
MN		X	Series A Preferred						<u> </u>
MS									
MO									

APPENDIX

1		2	3			4			5	
	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT			·							
NE										
NV										
NH										
NJ		X	Series A Preferred						X	
NM										
NY		X	Series A Preferred	1	\$250,000				X	
NC					·					
ND		· · · · · · · · · · · · · · · · · · ·								
ОН		X	Series A Preferred						X	
OK							·			
OR										
PA		X	Series A Preferred	1	\$62,500				X	
RI										
SC										
SD										
TN										
TX		X	Series A Preferred						X	
UT										
VT										
VA										
WA										
WV										
WI		 			<u>-</u>					
WY		 								
PR	·	·								